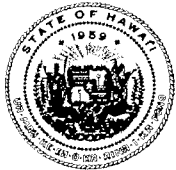


05/26

THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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Lash

STATE OF HAWAII
 STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) WADA	(First) RYKER	(Middle) J	TELEPHONE 536-4302
MAILING ADDRESS (Street) 924 Bethel Street			FAX 527-8088
(City) Honolulu	(State) HI	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Legal Aid Society of Hawaii			TELEPHONE 536-4302
MAILING ADDRESS (Street) 924 Bethel Street			FAX 527-8088
(City) Honolulu	(State) HI	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Wayne Keawe			TELEPHONE 536-4302
MAILING ADDRESS (Street) 924 Bethel Street			FAX 527-8088
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection☒ Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/8/07
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Wayne Keawe

Comptroller

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Legal Aid Society of Hawaii

(808) 536-4302

MAILING ADDRESS (Street)

FAX

924 Bethel Street

(808) 536-4302

(City)

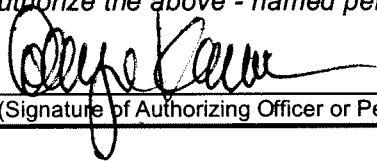
(State)

(Zip Code)

Honolulu

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/23/07

(Date)